

Rec'd PCT/PTO 29 NOV 2005

Rec'd PCT/PTO 10 NOV 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Shuster, et al.

Serial No.: 10/525,332

Filed: February 23, 2005

For: MAGNETIC IMPULSE APPLIED SLEEVE METHOD OF FORMING A  
WELLBORE CASING

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§  
§  
§

Group Art Unit: Unknown

Examiner: Unknown

Attorney Docket Number 25791.119.03

**REQUEST TO CORRECT ENTITY STATUS FOR THE ABOVE APPLICATION**

Mail Stop PCT Operations  
Commissioner for Patents  
P.O. Box 1450

Alexandria, VA 22313-1450

12/02/2005 VWALLACE 00000004 081394 10525332  
01 FC:1617 Dear Sir or Madam:

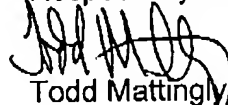
11/30/2005 VWALLACE 00000000 081394 10525332  
Adjustment date: 11/30/2005 VWALLACE 00000000 081394 10525332  
07/08/2005 ATTRAN1 00000000 081394 15402502  
01 FC:2617 Applicants hereby note that the fees requested in the Notification of Missing  
Requirements mailed June 24, 2005 were charged inappropriately. The fees

associated with this were for a small entity status. Therefore, Applicant hereby requests  
that the entity status for the above application be updated to correctly reflect that of a  
large entity. The application was not filed as a small entity and therefore Applicants

request the Patent Office update the records accordingly.

Applicant requests that the fees associated with this be charged to our Deposit  
Account No.08-1394, Order No. 25791.119.03.

Respectfully submitted,



Todd Mattingly

Registration No. 40,298

Dated: 11/29/05  
HAYNES AND BOONE, L.L.P.  
901 Main Street, Suite 3100  
Dallas, Texas 75202-3789  
Telephone: 713/547-2301  
Facsimile: 214/200-0853  
File: 25791.119.03

H-582562\_1.DOC

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile  
transmitted to the Patent and Trademark Office on the  
date shown below.

Facsimile No.: 703-746-6630

Date: November 29, 2005

Stacy Lanier

Signature of person sending facsimile

PATENT APPLICATION SERIAL NO. 10/525332

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

11/30/2005 VWALLACE 00000019 10525332  
03/02/2005 LLANDGRA 00000019 10525332 10525332  
01 FC:1631 150.00 OP  
02 FC:2631 50.00 DA 250.00 OP  
03 FC:2632 400.00 DA 100.00 OP  
03 FC:2633

Adjustment date: 11/30/2005 VWALLACE 250.00 OP  
06/13/2005 VWALLACE 00000054 10525332  
01 FC:2642 -200.00 OP

Adjustment date: 11/30/2005 VWALLACE  
03/02/2005 LLANDGRA 00000019 10525332  
01 FC:2631 150.00 OP

PTO-1556  
(5/87)

U.S. Government Printing Office: 2002 -- 429-267/80033

03 FC:2633 -100.00 OP

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/525 332

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE		
EXAMINATION FEE		
SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.		minus 100 = / 50 =
TOTAL CHARGEABLE CLAIMS	4	minus 20 =
INDEPENDENT CLAIMS	2	minus 3 =
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	1	OR	BASIC FEE	300
EXAM. FEE			EXAM. FEE	200
SEARCH FEE	1		SEARCH FEE	400
X \$ 125 =			X \$ 250 =	
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =	1	OR	X \$ 200 =	
+ \$ 180 =	1	OR	+ \$ 360 =	
TOTAL	1	OR	TOTAL	900

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.